

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90158 048 ****55.00

DOCUMENT # L02000011571

1. Entity Name

CC GLOBAL HOLDINGS LLC



Principal Place of Business

816 AZALEAH DR
WESTON FL 33327

Mailing Address

816 AZALEAH DR
WESTON FL 33327

2. Principal Place of Business

816 AZALEA PLACE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

Zip

33327

Country

USA

Country

4. FEI Number

03-0445756

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

COZZARI, BEATRICE
816 AZALEAH DR
WESTON FL 33327

AZALEA

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Beatrice Cozzari

(NOTE: Registered Agent signature required when reinstating)

2/18/2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR - OWNER ☐ Delete
NAME PHILIP, COZZARI R
STREET ADDRESS 816 AZALEAH PL
CITY-ST-ZIP WESTON FL 33327

TITLE MGR - OWNER ☐ Delete
NAME BEATRICE, COZZARI E
STREET ADDRESS 816 AZALEAH PL
CITY-ST-ZIP WESTON FL 33327

TITLE MGR ☒ Delete
NAME JORGE, CARDOZO A SR.
STREET ADDRESS 4474 FOXTAIL LANE
CITY-ST-ZIP WESTON FL 33331

TITLE MGR ☒ Delete
NAME ELIZABETH, CARDOZO
STREET ADDRESS 4474 FOXTAIL LANE
CITY-ST-ZIP WESTON FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Beatrice Cozzari

2/18/2003

954-3855579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)